

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____
 APPLICANT(S) _____

	AS FILED		AFTER EXAMINER'S INTERVIEW		AFTER EXAMINER'S INTERVIEW	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	3					
TOTAL	3					
TOTAL	34					

	AFTER EXAMINER'S INTERVIEW		AFTER EXAMINER'S INTERVIEW		AFTER EXAMINER'S INTERVIEW	
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PTO-875 (3-78)